

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

10/540509

APPLICATION

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	2		1				52						
3							53						
4	1		1				54						
5	2		1				55						
6	3		1				56						
7	4		1				57						
8	5		1				58						
9	6		1				59						
10	7		1				60						
11	8		1				61						
12	9		1				62						
13	10		1				63						
14	11		1				64						
15	12		1				65						
16	13		1				66						
17	14		1				67						
18	15		1				68						
19	16		1				69						
20	17		1				70						
21	18		1				71						
22	19		1				72						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			1				TOTAL IND.						
TOTAL DEP.			21				TOTAL DEP.						
TOTAL CLAIMS			22				TOTAL CLAIMS						

BEST AVAILABLE COPY